



PATENT

Attorney Docket No.: 708-A01-007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: Harold Richardson Crews Group Art Unit: 1641

Appln. No.: 09/766,372

Examiner: Nelson C. YANG

Filed: January 19, 2001

For: MULTI-PURPOSE REAGENT SYSTEM AND METHOD FOR ENUMERATION
OF RED BLOOD CELLS, WHITE BLOOD CELLS AND THROMBOCYTES AND
DIFFERENTIAL DETERMINATION OF WHITE BLOOD CELLS

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application number:: 09/766,372

Filing Date:: January 19, 2001

Application type:: REGULAR

Subject Matter::

Suggested classification::

Suggested Group Art Unit:: 1641

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form

(CRF)?::

Number of copies of CRF::

Title line one::

Title line two::

Title line three::

Title line four::

Title line five::

**MULTI-PURPOSE REAGENT SYSTEM AND
METHOD FOR ENUMERATION OF RED BLOOD
CELLS, WHITE BLOOD CELLS AND
THROMBOCYTES AND DIFFERENTIAL
DETERMINATION OF WHITE BLOOD CELLS**

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Attorney Docket Number:: 708-A01-007

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure:: FIGURE 1

Total Drawing Sheets::

Small Entity?::

Latin name::

Variety denomination name::

Petition included?::

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

APPLICANT INFORMATION

Applicant Authority Type:: INVENTOR

Primary Citizenship:: US

Country:: US

Status:: FULL CAPACITY

Given Name:: HAROLD

Middle Name:: RICHARDSON

Family name:: CREWS

Name Suffix::

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State or Province

Of Residence:: FLORIDA

Country of Residence:: US

Street of mailing address:: 12640 MAGNOLIA COURT

City of mailing address:: CORAL SPRINGS

State or Province of

Mailing address:: FLORIDA

Country of mailing
address:: US
Postal or Zip Code
of mailing address:: 33071

APPLICANT INFORMATION

Applicant Authority Type:: INVENTOR
Primary Citizenship:: US
Country:: US
Status:: FULL CAPACITY
Given Name:: JAMES
Middle Name:: HARRISON
Family name:: CARTER II
Name Suffix::
City of Residence:: PLANTATION
State or Province
Of Residence:: FLORIDA
Country of Residence:: US
Street of mailing address:: 12221 SOUTHWEST TARA DRIVE
City of mailing address:: PLANTATION
State or Province of
Mailing address:: FLORIDA
Country of mailing
address:: US
Postal or Zip Code
of mailing address:: 33325

APPLICANT INFORMATION

Applicant Authority Type:: INVENTOR
Primary Citizenship:: US
Country:: US

Status:: FULL CAPACITY
Given Name:: MICHAEL
Middle Name:: NORMAN
Family name:: ELLIOT
Name Suffix::
City of Residence:: FORT LAUDERDALE
State or Province
Of Residence:: FLORIDA
Country of Residence:: US
Street of mailing address::
City of mailing address::
State or Province of
Mailing address:: FLORIDA
Country of mailing
address:: US
Postal or Zip Code
of mailing address:: 33330

CORRESPONDENCE INFORMATION

Correspondence Customer

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State or Province of mailing
address:: FLORIDA
Country of mailing address:: USA
Postal or Zip Code of mailing
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Phone number:: 305-416-4490
 Fax Number:: 305-416-4489
 E-Mail address:: MFLEIT@FOCUSONIP.COM

REPRESENTATIVE INFORMATION

Representative customer number:: 27317

Representative Designation::	Registration Number::	Representative Name::
Primary	16,900	Martin Fleit
Associate	30,648	Robert C. Kain
Associate	37,333	Jon A. Gibbons
Associate	35,171	Jose Gutman
Associate	40,917	Stephen C. Bongini
Associate	43,500	Paul D. Bianco

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-Part	09/405,547	September 24, 1999

FOREIGN PRIORITY INFORMATION

Country::	Application number::	Filing Date::	Priority Claimed::

ASSIGNMENT INFORMATION

Assignee name::	CLINICAL DIAGNOSTIC SOLUTIONS, INC.
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City of mailing address::	Plantation
State or Province of	
Mailing address::	FLORIDA
Country of mailing	
address::	US
Postal or Zip Code	
Of mailing address::	33313